SERFF Tracking #: EWLE-129251755 State Tracking #: Company Tracking #:

State: District of Columbia Filing Company: Reserve National Insurance Company

TOI/Sub-TOI: H02G Group Health - Accident Only/H02G.000 Health - Accident Only

Product Name: Accident Expense Rates

Project Name/Number: /

Filing at a Glance

Company: Reserve National Insurance Company

Product Name: Accident Expense Rates

State: District of Columbia

TOI: H02G Group Health - Accident Only Sub-TOI: H02G.000 Health - Accident Only

Filing Type: Rate

Date Submitted: 10/16/2013

SERFF Tr Num: EWLE-129251755

SERFF Status: Assigned

State Tr Num: State Status: Co Tr Num:

Implementation

Date Requested:

Author(s): Suzanne Heasley

Reviewer(s): Darniece Shirley (primary), Alula Selassie, Donghan Xu

Disposition Date:
Disposition Status:
Implementation Date:

State Filing Description:

SERFF Tracking #: EWLE-129251755 State Tracking #:

State: District of Columbia Filing Company: Reserve National Insurance Company

Company Tracking #:

TOI/Sub-TOI: H02G Group Health - Accident Only/H02G.000 Health - Accident Only

Product Name: Accident Expense Rates

Project Name/Number: /

General Information

Project Name: Status of Filing in Domicile:
Project Number: Date Approved in Domicile:
Requested Filing Mode: Domicile Status Comments:

Explanation for Combination/Other: Market Type:

Submission Type: Overall Rate Impact:

Filing Status Changed: 10/24/2013

State Status Changed: Deemer Date:

Created By: Suzanne Heasley Submitted By: Suzanne Heasley

Corresponding Filing Tracking Number:

Filing Description:

See attached submission letter

Company and Contact

Filing Contact Information

Suzanne Heasley, Compliance sheasley@lewisellis.com 2325 Havard Oak Drive 972-398-3733 [Phone]

Plano, TX 75074

Filing Company Information

(This filing was made by a third party - lewisandellisincorporated3)

Reserve National Insurance CoCode: 68462 State of Domicile: Oklahoma

Company Group Code: Company Type: 601 East Britton Road Group Name: State ID Number:

Oklahoma City, OK 73114 FEIN Number: 73-0661453

(800) 654-9106 ext. [Phone]

Filing Fees

Fee Required? No Retaliatory? No

Fee Explanation:

SERFF Tracking #: EWLE-129251755 State Tracking #: Company Tracking #:

State: District of Columbia Filing Company: Reserve National Insurance Company

TOI/Sub-TOI: H02G Group Health - Accident Only/H02G.000 Health - Accident Only

Product Name: Accident Expense Rates

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Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		Actuarial Memorandum	KB-EAE-POL-1301-DC, KB-EAE-PHAPP-1301-DC, KB-EAE-CER-1301-DC, KB-EAE-IPAPP-1301-DC, KB-EA-SR-1301-DC, KB-EAE-AR-1301-DC, KB-EA-DR-1301-ED	New		RNICAccExpKB-EAE-POL-1301ActMemo-Generic02-21-13.pdf,

Actuarial Memorandum Accident Expense Product Policy Form: KB-EAE-POL-1301, et al.

Purpose and Scope

The purpose of this memorandum is to demonstrate that the proposed rates comply with state regulations. This filing is not intended to be used for any other purpose.

Benefit Description

The base plan offers accident medical expense coverage. Initial Care must begin within 72 hours of the accident and all treatment expenses must be incurred within 90 days of the accident, unless otherwise specified. Please see the exhibits for a more detailed benefit description.

Accidental Death and Disability Income riders are also available. Please see the attached Exhibit II for a summary of benefits.

Applicability

This actuarial memorandum is for all policies issued under this form for the schedule of benefits as well as market and underwriting approach.

Renewability Clause

Coverage is guaranteed renewable to age 69.

Marketing Method

The product will be sold on a voluntary basis to employees of an employer.

Morbidity

The morbidity is based upon public and proprietary sources. Sources include:

- 2012 Lewis & Ellis Major Medical Manual
- CDC National Center for Health Statistics Data
- Society of Actuaries 2006 Group Term Life Mortality & Morbidity Study
- National Safety Council: Injury Facts 2005 2006 Edition
- 1985 Commissioners Individual Disability Table A

Premium Classes

Premiums are calculated on a single age unisex basis.

Premiums were developed separately by Family Tier. The tiers available are: Employee, Employee and Spouse, Employee and Child, and Family.

Please see the attached Exhibit I for the base premium schedule.

Average Annual Premium

Based on the assumed sales distribution, the average annual premium per policy is \$611.

Premium Modalization Rules

Modal Factors			
Monthly	1.0000		
Semi-Monthly	0.5000		
Bi-Weekly	0.4614		
Weekly	0.2307		

Claim Liability and Reserves

Claim liabilities and reserves will be established using the completion factor method with adjustments as necessary.

Anticipated Loss Ratio

The anticipated lifetime (25 year) loss ratio is 50.6%

Proposed Effective Date

The plan will be effective after approval by the insurance department.

Actuarial Certification

I certify that to the best of my knowledge and judgment:

- (1) The rates attached comply with Actuarial Standard of Practice No. 8, "Regulatory Filings for Health Plan Entities," as adopted by the Actuarial Standards Board, December, 2005, which standard is hereby adopted and incorporated by reference;
- (2) The expected benefits provided are reasonable in relation to the proposed premiums;
- (3) The filing is in compliance with all applicable laws and regulations of the state in which it is filed;
- (4) The premium schedule is not excessive, inadequate, or unfairly discriminatory.

David M. Dillon, F.S.A., M.A.A.A.

LEWIS & ELLIS, INC.

P.O. Box 851857

Richardson, TX 75085-1857

February 21, 2013

Exhibit I - Premium Exhibit

24-Hour Coverage - Monthly Premiums

Class I				
Maximum Benefit	EE	ES	EC	F
\$1,000	\$10.17	\$20.08	\$23.66	\$34.55
\$2,000	\$16.00	\$31.72	\$38.84	\$56.60
\$3,000	\$20.38	\$40.57	\$50.04	\$73.19
\$4,000	\$24.03	\$47.97	\$59.05	\$86.79
\$5,000	\$27.20	\$54.42	\$66.60	\$98.41
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\$7,000	\$32.53	\$65.32	\$78.46	\$116.94
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\$9,000	\$36.90	\$74.30	\$87.79	\$131.84
\$10,000	\$38.79	\$78.23	\$92.09	\$138.72
Class II				
Maximum Benefit	EE	ES	EC	F
\$1,000	\$11.07	\$21.85	\$24.47	\$36.12
\$2,000	\$17.43	\$34.51	\$40.16	\$59.17
\$3,000	\$22.21	\$44.13	\$51.75	\$76.51
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\$7,000	\$35.44	\$71.05	\$81.15	\$122.23
\$8,000	\$37.92	\$76.14	\$86.47	\$130.70
\$9,000	\$40.20	\$80.82	\$90.80	\$137.83
\$10,000	\$42.26	\$85.09	\$95.24	\$145.0

Accidental Death Rider - Monthly Premiums

Accidental Death Rider				
Per \$10,000	EE	ES	EC	F
Class I	\$0.28	\$0.56	\$0.88	\$1.26
Class II	\$0.33	\$0.67	\$0.94	\$1.37

Exhibit I - Premium Exhibit

24-Hour Coverage - Monthly Premiums

24-Hour Coverage - Monthly Premiums				
	Factors multiplied by the Base \$10,000			
Other Base Maximums		prem	iums	
24-Hour Coverage	EE	ES	EC	F
Base \$11,000	1.05	1.05	1.04	1.04
Base \$12,000	1.09	1.09	1.07	1.07
Base \$13,000	1.12	1.13	1.10	1.11
Base \$14,000	1.16	1.17	1.13	1.14
Base \$15,000	1.19	1.20	1.15	1.17
Base \$16,000	1.22	1.23	1.18	1.19
Base \$17,000	1.25	1.26	1.20	1.22
Base \$18,000	1.28	1.29	1.22	1.24
Base \$19,000	1.30	1.32	1.24	1.26
Base \$20,000	1.33	1.34	1.25	1.28
Base \$21,000	1.35	1.36	1.27	1.30
Base \$22,000	1.37	1.39	1.29	1.32
Base \$23,000	1.39	1.41	1.30	1.33
Base \$24,000	1.41	1.43	1.31	1.35
Base \$25,000	1.42	1.44	1.33	1.36
Base \$26,000	1.44	1.46	1.34	1.37
Base \$27,000	1.46	1.48	1.35	1.39
Base \$28,000	1.47	1.49	1.36	1.40
Base \$29,000	1.48	1.51	1.37	1.41
Base \$30,000	1.50	1.52	1.38	1.42
Base \$31,000	1.51	1.54	1.39	1.43
Base \$32,000	1.52	1.55	1.40	1.45
Base \$33,000	1.54	1.56	1.41	1.46
Base \$34,000	1.55	1.58	1.42	1.46
Base \$35,000	1.56	1.59	1.43	1.47
Base \$36,000	1.57	1.60	1.43	1.48
Base \$37,000	1.58	1.61	1.44	1.49
Base \$38,000	1.59	1.62	1.45	1.50
Base \$39,000	1.60	1.63	1.46	1.51
Base \$40,000	1.61	1.64	1.46	1.51
Base \$41,000	1.62	1.65	1.47	1.52
Base \$42,000	1.63	1.66	1.48	1.53
Base \$43,000	1.64	1.67	1.48	1.54
Base \$44,000	1.65	1.68	1.49	1.54
Base \$45,000	1.65	1.68	1.49	1.55
Base \$46,000	1.66	1.69	1.50	1.55
Base \$47,000	1.67	1.70	1.50	1.56
Base \$48,000	1.68	1.71	1.51	1.57

1.72

1.72

1.51

1.52

1.68

1.69

1.57

1.58

Base \$49,000

Base \$50,000

Exhibit I - Premium Exhibit

Disability Rider – Monthly Premiums

Accident Only	Per \$1	00 Unit
Benefit Period; Elim Period	Class I	Class II
Acc 13 Weeks; 7 Days	\$0.95	\$1.42
Acc 26 Weeks; 14 Days	\$0.92	\$1.46
Accident & Sickness	Per \$1	00 Unit
Accident & Sickness Benefit Period; Elim Period	Per \$1 Class I	00 Unit Class II
Benefit Period; Elim Period	Class I	Class II

Off-the-job-only Premium Adjustment Factors

Benefits	EE	ES	EC	F
24-Hour	1.00	1.00	1.00	1.00
Non-Occupational	0.94	0.95	0.98	0.97

General Description	Benefits will be available only for Accident related treatment based on the "allowed amount".
	based on the anowed amount.
	Initial Care must begin within 72 hours of the Accident. All expenses must be incurred within 90 days of the Accident, unless otherwise specified.
Accident Medical Expense Base Benefits	No deductible applies to the Policy.
Dase Delicitis	The available Benefit Maximum amounts are: \$1,000 to \$50,000 in \$1,000 increments. This is an annual maximum, not a per
	accident maximum to coordinate better with the HDHP movement
1. Emergency Care Benefit:	Must be received from a Physician, in a Hospital, including an Emergency Room, or an Urgent Care Center in the United
	States.May include Surgery.
	\$50 deductible, waived if admitted
2. Follow-up Care Benefit:	If Emergency Care is received within 72 hours after an Accident and later requires additional Follow-up Care, this benefit is limited
	to one follow-up visit per day, up to a maximum of three follow-up visits, per Insured for each Accident.
	It must be furnished by a Physician in a Physician's Office, in a Hospital, on an outpatient basis.
	May include Surgery.
	Benefits will is not payable for the same visit that the Physical Therapy Benefit is payable or on the same day for which the Emergency Care Benefit is payable.
3. Ambulance Benefit:	This benefit is only payable for transportation in an Ambulance to a Hospital resulting from an Accident for which an Emergency Care Benefit is payable.
	Ground Ambulance: Pays up to 10% of Benefit Maximum Air Ambulance: Pays up to 25% of Benefit Maximum
4. Inpatient Drug Benefit:	Pays for drugs that are administered in a Hospital or Urgent Care Center during the care of an Accident.
	There is no payment for a drug prescribed to be taken or used after the initial Care.
5. Fracture/Dislocation Benefit:	Pays for a Fracture or Dislocation diagnosed within 14 days of the Accident.

6. Diagnostic Exam Benefit:	X-ray Benefit: Pays benefits if an Insured requires an x-ray or a set of x-rays due to an Accident.
	Major Diagnostic Exam Benefit: Limited to one per Accident. Benefit is limited to 25% of the Maximum Benefit.
	Major Diagnostic Exams are limited to the following: - CT (computerized tomography) scan; - CTA (computerized tomography angiogram) scan; - MRI (magnetic resonance imaging); and - MRA (magnetic resonance angiogram); and - EEG (electroencephalogram).
	Diagnostic Exams must be performed in a Hospital or a Physician's office within 14 days of the Accident.
7. Physical Therapy Benefit:	Pays benefits if an Insured is advised by a Physician to seek and subsequently receives Physical Therapy as the result of an Accident.
	The Physical Therapy must begin within 45 days of the Accident or discharge from the Hospital and must be completed within six months after the Accident.
	Benefits are limited to one Physical Therapy visit per day, up to a maximum of 10 visits for each Accident. No "internal" limit on the daily benefit amount paid for PT just a max of one visit per day.
8. Prosthesis Benefit:	Pays benefits if any Insured receives a Prosthetic Device prescribed by a Physician when such Insured Person suffers the dismemberment of a hand, foot, arm, leg or sight due to an Accident.
	This benefit is limited to one Prosthetic Device received within one year of the Accident.
9. Dental Benefit:	Pays benefits if any Insured receives Emergency Dental Work. Benefits are payable for any and all broken teeth repaired with crown(s) or extractions(s)
10. Appliance Benefit:	Benefit is limited to 10% of the Maximum Benefit. Pays benefits if Physician prescribes the use of a medical appliance as an aid in personal locomotion or mobility. These include crutches, braces, walkers, and wheelchairs.
	Benefit is limited to 5% of the Maximum Benefit.

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11. Accidental Dismemberment	Pays a lump sum benefit as a result of an accidental
Benefit:	dismemberment.
	A benefit equal to 200% of the Base Policy Benefit Maximum
	will be paid for the loss of:
	Both hands
	Both feet
	Both eyes
	One hand and one foot
	One hand and one eye
	One foot and one eye
	A benefit equal to 100% of the Base Policy Benefit Maximum will
	be paid for the loss of:
	One hand
	One eye
	One foot
	One root
	The loss must be incurred within 90 days of the accident.
	The benefit is doubled if the loss occurs in a common carrier
	accident.
Accidental Death Rider	
Accidental Death Rider	Pays a lump sum benefit to the benficiary if the insured dies as a result fo a covered accident.
	Insured – [\$10,000 - \$100,000]
	Spouse – ½ of Insured Benefit
	Child – ¼ of Insured Benefit
	The benefit is doubled if the loss occurs in a common carrier
	accident.
Disability Income Rider	Pays a flat monthly benefit of \$100 per unit, up to 25 units.
Disability income Rider	Benefit payable for a total disability as a result of a covered
	Accident-only or Accident & Sickness.
	recident only of recident & blekness.
	The elimination and benefit periods available are:
	Accident Only Coverage
	7 day EP, 13 week benefit
	<u> </u>
	14 day EP, 26 week benefit
	Accident /Sickness Coverage
	7/14 day EP, 13 week benefit
	· · · · · · · · · · · · · · · · · · ·
	14/14 day EP, 26 week benefit
	The rider is only evilable to the primary incomed
	The rider is only avilable to the primary insured.
	The STD will be in weekly amounts

SERFF Tracking #: EWLE-129251755 State Tracking #: Company Tracking #:

State: District of Columbia Filing Company: Reserve National Insurance Company

TOI/Sub-TOI: H02G Group Health - Accident Only/H02G.000 Health - Accident Only

Product Name: Accident Expense Rates

Project Name/Number: /

Supporting Document Schedules

Satisfied - Item:	Cover Letter All Filings
Comments:	
Attachment(s):	DC Submission letter traditional employers EXPENSE rate.pdf
Item Status:	
Status Date:	
Satisfied - Item:	Certificate of Authority to File
Comments:	
Attachment(s):	LetterofAuthorization-Lewis&Ellis.pdf
Item Status:	
Status Date:	
Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	RNICAccExpKB-EAE-POL-1301ActMemo-Generic02-21-13.pdf
Item Status:	
Status Date:	
Satisfied - Item:	Actuarial Justification
Comments:	
Attachment(s):	RNICAccExpKB-EAE-POL-1301ActMemo-Generic02-21-13.pdf
Item Status:	
Status Date:	
Bypassed - Item:	District of Columbia and Countrywide Loss Ratio Analysis (P&C)
Bypass Reason:	Not P and C
Attachment(s):	
Item Status:	
Status Date:	
Bypassed - Item:	District of Columbia and Countrywide Experience for the Last 5 Years (P&C)

SERFF Tracking #:	EWLE-129251755	State Tracking #:		Company Tracking #:	
State: TOI/Sub-TOI: Product Name: Project Name/Number:	District of Columbia H02G Group Health Accident Expense I	h - Accident Only/H02G.000 Heal	Filing Company: th - Accident Only	Reserve National Insurance Company	
Bypass Reason:	Not	: P and C			
Attachment(s):					
Item Status:					
Status Date:					
Bypassed - Item:	Act	uarial Memorandum and C	ertifications		
Bypass Reason:	Not	unified rate review templa	te. Not ppaca.		
Attachment(s):					
Item Status:					
Status Date:					
Bypassed - Item:	Uni	fied Rate Review Template	e		
Bypass Reason:	Not	ppaca			
Attachment(s):		• •			
Item Status:					

Status Date:

Dallas

Glenn A. Tobleman, F.S.A., F.C.A.S. S. Scott Gibson, F.S.A. Cabe W. Chadick, F.S.A. Michael A. Mayberry, F.S.A. David M. Dillon, F.S.A. Gregory S. Wilson, F.C.A.S. Steven D. Bryson, F.S.A. Bonnie S. Albritton, F.S.A. Brian D. Rankin, F.S.A. Wesley R. Campbell, F.S.A. Jacqueline B. Lee, F.S.A. Robert E. Gove, A.S.A. J. Finn Knox-Seith, A.S.A. Brian C. Stentz, A.S.A. Jay W. Fuller, A.S.A. Sujaritha Tansen, A.S.A. Josh A. Hammerquist, A.S.A. Xiaoxiao (Lisa) Jiang, A.S.A. Robert B. Thomas, Jr., F.S.A., C.F.A. (Of Counsel)



Kansas City

Gary L. Rose, F.S.A.
Terry M. Long, F.S.A.
David L. Batchelder, A.S.A.
Leon L. Langlitz, F.S.A.
Gary R. McElwain, FLMI
Anthony G. Proulx, F.S.A.
Thomas L. Handley, F.S.A.
D. Patrick Glenn, A.S.A., A.C.A.S.
Christopher H. Davis, F.S.A.
Karen E. Elsom, F.S.A.
Jill J. Humes, F.S.A.

London / Kansas City

Roger K. Annin, F.S.A. Timothy A. DeMars, F.S.A. Scott E. Morrow, F.S.A.

Baltimore

David A. Palmer, C.F.E.

October 16, 2013

District of Columbia Division of Insurance

RE: Reserve National Insurance Company NAIC # 68462

Actuarial Filing for:

KB-EAE-POL-1301-DC Policy Pages Accident Expense

KB-EAE-PHAPP-1301-DC Policyholder Accident Expense Application

KB-EAE-CER-1301-DC Certificate Accident Expense

KB-EAE-IPAPP-1301-DC Insured Person Accident Expense Application

KB-EA-SR-1301-DC Spouse Rider (Indemnity and Expense)
KB-EA-CR-1301-DC Child(ren) Rider (Indemnity and Expense)

KB-EAE-AR-1301-DC Accident Rider (Expense)

KB-EA-DR-1301-DC Disability Income Rider (Indemnity and Expense)

Dear Sir or Madam:

This submission is being made on behalf of Reserve National Insurance Company.

This filing is to provide the Actuarial information in connection with the forms submission (submitted under separate SERFF submission) for the forms described in this letter. The forms are designed to provide group accident coverage on an expense basis.

Form KB-EAE-POL-1301-DC is the Policy Pages for the Accident Expense coverage. Form KB-EAE-PHAPP-1301-DC is the Policyholder Accident Expense Application. Form KB-EAE-CER-1301-DC is the Certificate Accident Expense and Form KB-EAE-IPAPP-1301-DC is the Insured Person Accident Expense Application.

Form KB-EA-SR-1301-DC is a Spouse Rider to be used with both the Indemnity (also filed under separate SERFF submission) and Expense forms. Form KB-EA-CR-1301-DC is the Child(ren) Rider to be used with both the Indemnity (also filed under separate SERFF submission) and Expense forms. Form KB-EAE-AR-1301-DC is an Accident Rider to be used with the Expense forms only. Form KB-EA-DR-1301-DC is a Disability Income Rider to be used with both the Indemnity (also filed under separate SERFF submission) and Expense forms.





Should you have any questions or need additional information, please do not hesitate to call me at (972) 398-3733.

Sincerely,

Suzanne Heasley, FLMI, CLU

Swanne Leasley

Legal Assistant and Compliance Specialist







December 31, 2012

RE: Filing Authorization

Lewis & Ellis, Inc.

To Whom It May Concern:

I hereby authorize Lewis & Ellis, Inc. and any authorized representative of Lewis & Ellis, Inc. to submit state filings of insurance applications/forms/rates/products on behalf of Reserve National Insurance Company.

This authorization includes the power to provide necessary assurances and certifications related to such applications/forms/rates/products except as prohibited by law.

This authorization is to be effective until revoked in writing by an authorized representative of Reserve National Insurance Company.

Sincerely,

Kyle D. Conrad
Senior Vice President

Kyle V. Cowred

and Associate Corporate Counsel

KDC:bdd

[Type text] [Type text] [Type text]

Actuarial Memorandum Accident Expense Product Policy Form: KB-EAE-POL-1301, et al.

Purpose and Scope

The purpose of this memorandum is to demonstrate that the proposed rates comply with state regulations. This filing is not intended to be used for any other purpose.

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- (3) The filing is in compliance with all applicable laws and regulations of the state in which it is filed;
- (4) The premium schedule is not excessive, inadequate, or unfairly discriminatory.

David M. Dillon, F.S.A., M.A.A.A.

LEWIS & ELLIS, INC.

P.O. Box 851857

Richardson, TX 75085-1857

February 21, 2013

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\$7,000	\$35.44	\$71.05	\$81.15	\$122.23
\$8,000	\$37.92	\$76.14	\$86.47	\$130.70
\$9,000	\$40.20	\$80.82	\$90.80	\$137.83
\$10,000	\$42.26	\$85.09	\$95.24	\$145.0

Accidental Death Rider - Monthly Premiums

Accidental Death Rider				
Per \$10,000	EE	ES	EC	F
Class I	\$0.28	\$0.56	\$0.88	\$1.26
Class II	\$0.33	\$0.67	\$0.94	\$1.37

Exhibit I - Premium Exhibit

24-Hour Coverage - Monthly Premiums

24-Hour Coverage - Monthly Premiums				
	Factor	rs multiplied b	y the Base S	\$10,000
Other Base Maximums		prem	iums	
24-Hour Coverage	EE	ES	EC	F
Base \$11,000	1.05	1.05	1.04	1.04
Base \$12,000	1.09	1.09	1.07	1.07
Base \$13,000	1.12	1.13	1.10	1.11
Base \$14,000	1.16	1.17	1.13	1.14
Base \$15,000	1.19	1.20	1.15	1.17
Base \$16,000	1.22	1.23	1.18	1.19
Base \$17,000	1.25	1.26	1.20	1.22
Base \$18,000	1.28	1.29	1.22	1.24
Base \$19,000	1.30	1.32	1.24	1.26
Base \$20,000	1.33	1.34	1.25	1.28
Base \$21,000	1.35	1.36	1.27	1.30
Base \$22,000	1.37	1.39	1.29	1.32
Base \$23,000	1.39	1.41	1.30	1.33
Base \$24,000	1.41	1.43	1.31	1.35
Base \$25,000	1.42	1.44	1.33	1.36
Base \$26,000	1.44	1.46	1.34	1.37
Base \$27,000	1.46	1.48	1.35	1.39
Base \$28,000	1.47	1.49	1.36	1.40
Base \$29,000	1.48	1.51	1.37	1.41
Base \$30,000	1.50	1.52	1.38	1.42
Base \$31,000	1.51	1.54	1.39	1.43
Base \$32,000	1.52	1.55	1.40	1.45
Base \$33,000	1.54	1.56	1.41	1.46
Base \$34,000	1.55	1.58	1.42	1.46
Base \$35,000	1.56	1.59	1.43	1.47
Base \$36,000	1.57	1.60	1.43	1.48
Base \$37,000	1.58	1.61	1.44	1.49
Base \$38,000	1.59	1.62	1.45	1.50
Base \$39,000	1.60	1.63	1.46	1.51
Base \$40,000	1.61	1.64	1.46	1.51
Base \$41,000	1.62	1.65	1.47	1.52
Base \$42,000	1.63	1.66	1.48	1.53
Base \$43,000	1.64	1.67	1.48	1.54
Base \$44,000	1.65	1.68	1.49	1.54
Base \$45,000	1.65	1.68	1.49	1.55
Base \$46,000	1.66	1.69	1.50	1.55
Base \$47,000	1.67	1.70	1.50	1.56
Base \$48,000	1.68	1.71	1.51	1.57

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Base \$49,000

Base \$50,000

Exhibit I - Premium Exhibit

Disability Rider – Monthly Premiums

Accident Only	Accident Only Per \$100 Uni	
Benefit Period; Elim Period	Class I	Class II
Acc 13 Weeks; 7 Days	\$0.95	\$1.42
Acc 26 Weeks; 14 Days	\$0.92	\$1.46
Accident & Sickness	Per \$1	00 Unit
Accident & Sickness Benefit Period; Elim Period	Per \$1 Class I	00 Unit Class II
Benefit Period; Elim Period	Class I	Class II

Off-the-job-only Premium Adjustment Factors

Benefits	EE	ES	EC	F
24-Hour	1.00	1.00	1.00	1.00
Non-Occupational	0.94	0.95	0.98	0.97

General Description	Benefits will be available only for Accident related treatment based on the "allowed amount".
	Initial Care must begin within 72 hours of the Accident. All expenses must be incurred within 90 days of the Accident, unless otherwise specified.
Accident Medical Expense Base Benefits	No deductible applies to the Policy.
Dasc Delicitis	The available Benefit Maximum amounts are: \$1,000 to \$50,000 in \$1,000 increments. This is an annual maximum, not a per accident maximum to coordinate better with the HDHP movement
1. Emergency Care Benefit:	Must be received from a Physician, in a Hospital, including an Emergency Room, or an Urgent Care Center in the United States.May include Surgery. \$50 deductible, waived if admitted
2. Follow-up Care Benefit:	If Emergency Care is received within 72 hours after an Accident and later requires additional Follow-up Care, this benefit is limited to one follow-up visit per day, up to a maximum of three follow-up visits, per Insured for each Accident. It must be furnished by a Physician in a Physician's Office, in a Hospital, on an outpatient basis. May include Surgery. Benefits will is not payable for the same visit that the Physical
	Therapy Benefit is payable or on the same day for which the Emergency Care Benefit is payable.
3. Ambulance Benefit:	This benefit is only payable for transportation in an Ambulance to a Hospital resulting from an Accident for which an Emergency Care Benefit is payable.
	Ground Ambulance: Pays up to 10% of Benefit Maximum Air Ambulance: Pays up to 25% of Benefir Maximum
4. Inpatient Drug Benefit:	Pays for drugs that are administered in a Hospital or Urgent Care Center during the care of an Accident. There is no payment for a drug prescribed to be taken or used after the initial Care.
5. Fracture/Dislocation Benefit:	Pays for a Fracture or Dislocation diagnosed within 14 days of the Accident.

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6. Diagnostic Exam Benefit:	X-ray Benefit: Pays benefits if an Insured requires an x-ray or a set of x-rays due to an Accident.
	Major Diagnostic Exam Benefit: Limited to one per Accident. Benefit is limited to 25% of the Maximum Benefit.
	Major Diagnostic Exams are limited to the following: - CT (computerized tomography) scan; - CTA (computerized tomography angiogram) scan; - MRI (magnetic resonance imaging); and - MRA (magnetic resonance angiogram); and - EEG (electroencephalogram).
	Diagnostic Exams must be performed in a Hospital or a Physician's office within 14 days of the Accident.
7. Physical Therapy Benefit:	Pays benefits if an Insured is advised by a Physician to seek and subsequently receives Physical Therapy as the result of an Accident.
	The Physical Therapy must begin within 45 days of the Accident or discharge from the Hospital and must be completed within six months after the Accident.
	Benefits are limited to one Physical Therapy visit per day, up to a maximum of 10 visits for each Accident. No "internal" limit on the daily benefit amount paid for PT just a max of one visit per day.
8. Prosthesis Benefit:	Pays benefits if any Insured receives a Prosthetic Device prescribed by a Physician when such Insured Person suffers the dismemberment of a hand, foot, arm, leg or sight due to an Accident.
	This benefit is limited to one Prosthetic Device received within one year of the Accident.
9. Dental Benefit:	Pays benefits if any Insured receives Emergency Dental Work. Benefits are payable for any and all broken teeth repaired with crown(s) or extractions(s)
10. Appliance Benefit:	Benefit is limited to 10% of the Maximum Benefit. Pays benefits if Physician prescribes the use of a medical appliance
	as an aid in personal locomotion or mobility. These include crutches, braces, walkers, and wheelchairs.
	Benefit is limited to 5% of the Maximum Benefit.

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11. Accidental Dismemberment	Pays a lump sum benefit as a result of an accidental
Benefit:	dismemberment.
	A benefit equal to 200% of the Base Policy Benefit Maximum
	will be paid for the loss of:
	Both hands
	Both feet
	Both eyes
	One hand and one foot
	One hand and one eye
	One foot and one eye
	A benefit equal to 100% of the Base Policy Benefit Maximum will
	be paid for the loss of:
	One hand
	One eye
	One foot
	One root
	The loss must be incurred within 90 days of the accident.
	The benefit is doubled if the loss occurs in a common carrier
	accident.
Accidental Death Rider	
Accidental Death Rider	Pays a lump sum benefit to the benficiary if the insured dies as a result fo a covered accident.
	Insured – [\$10,000 - \$100,000]
	Spouse – ½ of Insured Benefit
	Child – ¼ of Insured Benefit
	The benefit is doubled if the loss occurs in a common carrier
	accident.
Disability Income Rider	Pays a flat monthly benefit of \$100 per unit, up to 25 units.
Disability income Rider	Benefit payable for a total disability as a result of a covered
	Accident-only or Accident & Sickness.
	recident only of recident & blekness.
	The elimination and benefit periods available are:
	Accident Only Coverage
	7 day EP, 13 week benefit
	<u> </u>
	14 day EP, 26 week benefit
	Accident /Sickness Coverage
	7/14 day EP, 13 week benefit
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	14/14 day EP, 26 week benefit
	The rider is only evilable to the primary incomed
	The rider is only avilable to the primary insured.
	The STD will be in weekly amounts

Actuarial Memorandum Accident Expense Product Policy Form: KB-EAE-POL-1301, et al.

Purpose and Scope

The purpose of this memorandum is to demonstrate that the proposed rates comply with state regulations. This filing is not intended to be used for any other purpose.

Benefit Description

The base plan offers accident medical expense coverage. Initial Care must begin within 72 hours of the accident and all treatment expenses must be incurred within 90 days of the accident, unless otherwise specified. Please see the exhibits for a more detailed benefit description.

Accidental Death and Disability Income riders are also available. Please see the attached Exhibit II for a summary of benefits.

Applicability

This actuarial memorandum is for all policies issued under this form for the schedule of benefits as well as market and underwriting approach.

Renewability Clause

Coverage is guaranteed renewable to age 69.

Marketing Method

The product will be sold on a voluntary basis to employees of an employer.

Morbidity

The morbidity is based upon public and proprietary sources. Sources include:

- 2012 Lewis & Ellis Major Medical Manual
- CDC National Center for Health Statistics Data
- Society of Actuaries 2006 Group Term Life Mortality & Morbidity Study
- National Safety Council: Injury Facts 2005 2006 Edition
- 1985 Commissioners Individual Disability Table A

Premium Classes

Premiums are calculated on a single age unisex basis.

Premiums were developed separately by Family Tier. The tiers available are: Employee, Employee and Spouse, Employee and Child, and Family.

Please see the attached Exhibit I for the base premium schedule.

Average Annual Premium

Based on the assumed sales distribution, the average annual premium per policy is \$611.

Premium Modalization Rules

Modal Factors			
Monthly	1.0000		
Semi-Monthly	0.5000		
Bi-Weekly	0.4614		
Weekly	0.2307		

Claim Liability and Reserves

Claim liabilities and reserves will be established using the completion factor method with adjustments as necessary.

Anticipated Loss Ratio

The anticipated lifetime (25 year) loss ratio is 50.6%

Proposed Effective Date

The plan will be effective after approval by the insurance department.

Actuarial Certification

I certify that to the best of my knowledge and judgment:

- (1) The rates attached comply with Actuarial Standard of Practice No. 8, "Regulatory Filings for Health Plan Entities," as adopted by the Actuarial Standards Board, December, 2005, which standard is hereby adopted and incorporated by reference;
- (2) The expected benefits provided are reasonable in relation to the proposed premiums;
- (3) The filing is in compliance with all applicable laws and regulations of the state in which it is filed;
- (4) The premium schedule is not excessive, inadequate, or unfairly discriminatory.

David M. Dillon, F.S.A., M.A.A.A.

LEWIS & ELLIS, INC.

P.O. Box 851857

Richardson, TX 75085-1857

February 21, 2013

Exhibit I - Premium Exhibit

24-Hour Coverage - Monthly Premiums

Class I				
Maximum Benefit	EE	ES	EC	F
\$1,000	\$10.17	\$20.08	\$23.66	\$34.55
\$2,000	\$16.00	\$31.72	\$38.84	\$56.60
\$3,000	\$20.38	\$40.57	\$50.04	\$73.19
\$4,000	\$24.03	\$47.97	\$59.05	\$86.79
\$5,000	\$27.20	\$54.42	\$66.60	\$98.41
\$6,000	\$30.00	\$60.15	\$72.86	\$108.15
\$7,000	\$32.53	\$65.32	\$78.46	\$116.94
\$8,000	\$34.81	\$69.99	\$83.60	\$125.02
\$9,000	\$36.90	\$74.30	\$87.79	\$131.84
\$10,000	\$38.79	\$78.23	\$92.09	\$138.72
Class II				
Maximum Benefit	EE	ES	EC	F
\$1,000	\$11.07	\$21.85	\$24.47	\$36.12
\$2,000	\$17.43	\$34.51	\$40.16	\$59.17
\$3,000	\$22.21	\$44.13	\$51.75	\$76.51
\$4,000	\$26.18	\$52.18	\$61.07	\$90.73
\$5,000	\$29.63	\$59.20	\$68.88	\$102.88
\$6,000	\$32.69	\$65.43	\$75.36	\$113.00
\$7,000	\$35.44	\$71.05	\$81.15	\$122.23
\$8,000	\$37.92	\$76.14	\$86.47	\$130.70
\$9,000	\$40.20	\$80.82	\$90.80	\$137.83
\$10,000	\$42.26	\$85.09	\$95.24	\$145.0

Accidental Death Rider - Monthly Premiums

Accidental Death Rider				
Per \$10,000	EE	ES	EC	F
Class I	\$0.28	\$0.56	\$0.88	\$1.26
Class II	\$0.33	\$0.67	\$0.94	\$1.37

Exhibit I - Premium Exhibit

24-Hour Coverage - Monthly Premiums

24-Hour Coverage - Monthly Premiums				
	Factors multiplied by the Base \$10,000			
Other Base Maximums		premi	ums	
24-Hour Coverage	EE	ES	EC	F
Base \$11,000	1.05	1.05	1.04	1.04
Base \$12,000	1.09	1.09	1.07	1.07
Base \$13,000	1.12	1.13	1.10	1.11
Base \$14,000	1.16	1.17	1.13	1.14
Base \$15,000	1.19	1.20	1.15	1.17
Base \$16,000	1.22	1.23	1.18	1.19
Base \$17,000	1.25	1.26	1.20	1.22
Base \$18,000	1.28	1.29	1.22	1.24
Base \$19,000	1.30	1.32	1.24	1.26
Base \$20,000	1.33	1.34	1.25	1.28
Base \$21,000	1.35	1.36	1.27	1.30
Base \$22,000	1.37	1.39	1.29	1.32
Base \$23,000	1.39	1.41	1.30	1.33
Base \$24,000	1.41	1.43	1.31	1.35
Base \$25,000	1.42	1.44	1.33	1.36
Base \$26,000	1.44	1.46	1.34	1.37
Base \$27,000	1.46	1.48	1.35	1.39
Base \$28,000	1.47	1.49	1.36	1.40
Base \$29,000	1.48	1.51	1.37	1.41
Base \$30,000	1.50	1.52	1.38	1.42
Base \$31,000	1.51	1.54	1.39	1.43
Base \$32,000	1.52	1.55	1.40	1.45
Base \$33,000	1.54	1.56	1.41	1.46
Base \$34,000	1.55	1.58	1.42	1.46
Base \$35,000	1.56	1.59	1.43	1.47
Base \$36,000	1.57	1.60	1.43	1.48
Base \$37,000	1.58	1.61	1.44	1.49
Base \$38,000	1.59	1.62	1.45	1.50
Base \$39,000	1.60	1.63	1.46	1.51
Base \$40,000	1.61	1.64	1.46	1.51
Base \$41,000	1.62	1.65	1.47	1.52
Base \$42,000	1.63	1.66	1.48	1.53
Base \$43,000	1.64	1.67	1.48	1.54
Base \$44,000	1.65	1.68	1.49	1.54
Base \$45,000	1.65	1.68	1.49	1.55
Base \$46,000	1.66	1.69	1.50	1.55
Base \$47,000	1.67	1.70	1.50	1.56
Base \$48,000	1.68	1.71	1.51	1.57

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Base \$49,000

Base \$50,000

Exhibit I - Premium Exhibit

Disability Rider – Monthly Premiums

Accident Only	Per \$100 Unit		
Benefit Period; Elim Period	Class I	Class II	
Acc 13 Weeks; 7 Days	\$0.95	\$1.42	
Acc 26 Weeks; 14 Days	\$0.92	\$1.46	
Accident & Sickness	Per \$1	00 Unit	
Accident & Sickness Benefit Period; Elim Period	Per \$1 Class I	00 Unit Class II	
Benefit Period; Elim Period	Class I	Class II	

Off-the-job-only Premium Adjustment Factors

Benefits	EE	ES	EC	F
24-Hour	1.00	1.00	1.00	1.00
Non-Occupational	0.94	0.95	0.98	0.97

General Description	Benefits will be available only for Accident related treatment based on the "allowed amount".
	Initial Care must begin within 72 hours of the Accident. All expenses must be incurred within 90 days of the Accident, unless otherwise specified.
Accident Medical Expense Base Benefits	No deductible applies to the Policy.
Dasc Delicits	The available Benefit Maximum amounts are: \$1,000 to \$50,000 in \$1,000 increments. This is an annual maximum, not a per accident maximum to coordinate better with the HDHP movement
1. Emergency Care Benefit:	Must be received from a Physician, in a Hospital, including an Emergency Room, or an Urgent Care Center in the United States.May include Surgery. \$50 deductible, waived if admitted
2. Follow-up Care Benefit:	If Emergency Care is received within 72 hours after an Accident and later requires additional Follow-up Care, this benefit is limited to one follow-up visit per day, up to a maximum of three follow-up visits, per Insured for each Accident. It must be furnished by a Physician in a Physician's Office, in a Hospital, on an outpatient basis. May include Surgery. Benefits will is not payable for the same visit that the Physical
	Therapy Benefit is payable or on the same day for which the Emergency Care Benefit is payable.
3. Ambulance Benefit:	This benefit is only payable for transportation in an Ambulance to a Hospital resulting from an Accident for which an Emergency Care Benefit is payable.
	Ground Ambulance: Pays up to 10% of Benefit Maximum Air Ambulance: Pays up to 25% of Benefir Maximum
4. Inpatient Drug Benefit:	Pays for drugs that are administered in a Hospital or Urgent Care Center during the care of an Accident. There is no payment for a drug prescribed to be taken or used after the initial Care.
5. Fracture/Dislocation Benefit:	Pays for a Fracture or Dislocation diagnosed within 14 days of the Accident.

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6. Diagnostic Exam Benefit:	X-ray Benefit: Pays benefits if an Insured requires an x-ray or a set of x-rays due to an Accident.
	Major Diagnostic Exam Benefit: Limited to one per Accident. Benefit is limited to 25% of the Maximum Benefit.
	Major Diagnostic Exams are limited to the following: - CT (computerized tomography) scan; - CTA (computerized tomography angiogram) scan; - MRI (magnetic resonance imaging); and - MRA (magnetic resonance angiogram); and - EEG (electroencephalogram).
	Diagnostic Exams must be performed in a Hospital or a Physician's office within 14 days of the Accident.
7. Physical Therapy Benefit:	Pays benefits if an Insured is advised by a Physician to seek and subsequently receives Physical Therapy as the result of an Accident.
	The Physical Therapy must begin within 45 days of the Accident or discharge from the Hospital and must be completed within six months after the Accident.
	Benefits are limited to one Physical Therapy visit per day, up to a maximum of 10 visits for each Accident. No "internal" limit on the daily benefit amount paid for PT just a max of one visit per day.
8. Prosthesis Benefit:	Pays benefits if any Insured receives a Prosthetic Device prescribed by a Physician when such Insured Person suffers the dismemberment of a hand, foot, arm, leg or sight due to an Accident.
	This benefit is limited to one Prosthetic Device received within one year of the Accident.
9. Dental Benefit:	Pays benefits if any Insured receives Emergency Dental Work. Benefits are payable for any and all broken teeth repaired with crown(s) or extractions(s)
10. Appliance Benefit:	Benefit is limited to 10% of the Maximum Benefit. Pays benefits if Physician prescribes the use of a medical appliance
	as an aid in personal locomotion or mobility. These include crutches, braces, walkers, and wheelchairs.
	Benefit is limited to 5% of the Maximum Benefit.

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11. Accidental Dismemberment	Pays a lump sum benefit as a result of an accidental
Benefit:	dismemberment.
	Al C' L 2000/ Cd D Dl' D C'M
	A benefit equal to 200% of the Base Policy Benefit Maximum
	will be paid for the loss of:
	Both hands
	Both feet
	Both eyes
	One hand and one foot
	One hand and one eye
	One foot and one eye
	A benefit equal to 100% of the Base Policy Benefit Maximum will
	be paid for the loss of:
	One hand
	One eye
	One foot
	The loss must be incurred within 90 days of the accident.
	The benefit is doubled if the loss occurs in a common carrier
	accident.
Accidental Death Rider	Pays a lump sum benefit to the benficiary if the insured dies as a
Ticciacitai Death Maci	result fo a covered accident.
	Insured – [\$10,000 - \$100,000]
	Spouse – ½ of Insured Benefit
	Child – ¼ of Insured Benefit
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	The benefit is doubled if the loss occurs in a common carrier
	accident.
Disability Income Rider	Pays a flat monthly benefit of \$100 per unit, up to 25 units.
Disability income Rider	Benefit payable for a total disability as a result of a covered
	Accident-only or Accident & Sickness.
	Accident-only of Accident & Sickness.
	The elimination and hanefit pariods evailable are:
	The elimination and benefit periods available are:
	Accident Only Coverage
	7 day EP, 13 week benefit
	14 day EP, 26 week benefit
	Accident /Sickness Coverage
	7/14 day EP, 13 week benefit
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	14/14 day EP, 26 week benefit
	The rider is only evilable to the primary incomed
	The rider is only avilable to the primary insured.
	The STD will be in weekly amounts